

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395834	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 04/05/2023
NAME OF PROVIDER OR SUPPLIER: KING OF PRUSSIA SKILLED NUSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE: 600 WEST VALLEY FORGE ROAD KING OF PRUSSIA, PA 19406		
STATE LICENSE NUMBER: 125902					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
F 0000	INITIAL COMMENT	F 0000			
	Findings of an Abbreviated Complaint Survey completed on April 5, 2023, at King of Prussia Skilled Nursing and Rehabilitation identified deficient practice, related to the reported complaint allegations, under the requirements of 42 CFR Part 483, Subpart B Requirements for Long Term Care Facilities and the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations as they relate to the Health portion of the survey process.				
F 0684		F 0684			
SS=D					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0684 SS=D	Continued from page 1 483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:	F 0684	1. Resident R2's physician was notified of weight gain. No new orders. 2. An initial audit will be completed to review residents' order for daily weights for the last 7 days to determine if the physician was notified of the weight gain, according to the order. 3. DON and/or designee will re-educate all licensed staff to notify physicians of weight gains, according to physician orders and to ensure that documentation is entered for residents medical records. 4. DON and/or designee will randomly audit 5 residents per week x 4 weeks to ensure physicians are being notified of weight gains according to the order and that documentation is completed. 5. Results of the audit will be reported monthly to the Quality Assurance Performance	Completion Date: 05/15/2023 Status: APPROVED Date: 04/18/2023

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F 0684 SS=D	Continued from page 2	F 0684	Improvement Committee.		

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F 0684 SS=D	<p>Continued from page 3</p> <p>Based on clinical record review and interviews with staff revealed that the facility failed to follow physician orders for one of four residents reviewed (Resident 2).</p> <p>Findings include:</p> <p>Review of Resident 2's clinical record revealed a diagnosis of congestive heart failure (excessive body/lung fluid caused by a weakened heart muscle) and a physician's order for daily weights, call MD with weight gain of 3-5 lbs every night shift for shortness of breath related to congestive heart failure.</p> <p>Further review or Resident 2's treatment administration record for January 2023, revealed that residents weights were not recorded on January 3, 8, 10, 12, 14, 15, 16, 17, 20, 22, 23, 24, 26, and 31; February 2023, revealed February 5, 9, 10, 13, 14, 16, 17, 19, 27 and 28; March 4, 5, 9, 10, 12, 13, 16, 21, and 23.</p>	F 0684			

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F 0684 SS=D	<p>Continued from page 4</p> <p>Further review of the weights in March revealed on the 3rd revealed a weight of 276.4 pounds and on March 6, 287.6 pounds a weight gain of 11.2 lbs. There was no documentation stating that the weight gain was reported to the physician. On March 18 a weight of 2986 lbs was documented and the next weight on March 28, 2023 was documented as 296 (a weight gain of 10 lbs). There was no documentation that the weight gain was reported to the physician.</p> <p>An interview with the Director of Nursing on April 5, 2023 at 3:30 p.m. revealed that the resident sometimes refuses being weighed but there is no documentation of this nor is there documentation of the physician being notified of the weight gains.</p> <p>The facility failed to follow physician orders for Resident 2.</p> <p>28 Pa Code 211.5(f) Clinical records</p> <p>28 Pa. Code 211.12(c)(d)(1)(3)(5)Nursing</p>	F 0684			

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F 0684 SS=D	Continued from page 5 Services.	F 0684			
F 0842 SS=D	483.20(f)(5), 483.70(i)(1)-(5) Resident Records - Identifiable Information §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law;	F 0842	1. MD was notified R1, R2 and R3 there were no records for medication administration day shift for March 1st and 3rd. No new orders were received. 2. An initial audit of all residents will be completed to ensure medication administration is documented for the last 7 days. 3. DON and/or designee will re-educate all licensed staff to complete documentation of medication administration. 4.DON and/or designee will randomly audit 5 residents per week x 4 weeks to ensure documentation is completed for medication administration. 5. Results of the audit will be reported monthly to the Quality Assurance Performance Improvement Committee.	Completion Date: 05/15/2023 Status: APPROVED Date: 04/18/2023	

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F 0842 SS=D	Continued from page 6 (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and	F 0842			

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F 0842 SS=D	Continued from page 7 (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by:	F 0842			

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F 0842 SS=D	<p>Continued from page 8</p> <p>Based on resident records, interviews with staff and residents it was determined that the facility did not maintain records for three residents (Resident 1, Resident 2, Resident 3).</p> <p>Findings include:</p> <p>Review of Residents 1, Resident 2, and Resident 3's clinical records revealed that March 1 and March 3 did not have Medication Administration Records for the morning medication pass (these days were not marked as completed and left blank).</p> <p>Interviews with the Licensed Nurse, Employee E3, on April 5, 2023. at 2:30 p.m., revealed that the computer system was not working on those day (March 1st and 3rd) and the staff completed the medication passes using paper documentation</p> <p>Interviews with three alert and oriented residents on the nursing unit stated that they have received all of their medication and cannot remember a day that they were not given.</p>	F 0842			

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F 0842 SS=D	Continued from page 9 An interview with the Nursing Home Administrator and Director of Nursing on April 5, 2023, at 2:45 p.m., revealed that when the computer system is down the facility prints out paper copies of the residents medications and paper MAR's are used. The facility was unable provide the paper documentation for these dates. The facility failed to maintain readily accessible documentation of medication administration records for three residents (Resident 1, Resident 2, and Resident 3). 28 Pa Code: 211.5(f) Clinical records 28 Pa Code:211.12(d)(1)(5) Nursing services	F 0842			



Certified End Page

KING OF PRUSSIA SKILLED NUSING AND REHABILITATION CENTER

STATE LICENSE NUMBER: 125902

SURVEY EXIT DATE: 04/05/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY